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DEPT FOR AF/S; AF/EPS; AF/EPS/SDRIANO
DEPT FOR S/OFFICE OF GLOBAL AIDS COORDINATOR
STATE PLEASE PASS TO USAID FOR GLOBAL BUREAU KHILL
USAID ALSO FOR GH/OHA/CCARRINO AND RROGERS, AFR/SD/DOTT
ALSO FOR AA/EGAT SIMMONS, AA/DCHA WINTER
HHS FOR THE OFFICE OF THE SECRETARY/WSTEIGER, NIH/HFRANCIS
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Summary

¶1. Summary. Every two weeks, Embassy Pretoria publishes a public health newsletter highlighting South African health issues based on press reports and studies of South African researchers. Comments and analysis do not necessarily reflect the opinion of the U.S. Government. Topics of this week's newsletter cover: SA Health Department Short of its Goals; Traditional Cure Advocated However Still in Research Stages; New Pharmaceutical Dispensing Fees Proposed; Heart Drug Introduced in South Africa; Rapid Increase of Youth in Drug Treatment Centers; North West Province Begins TB Information Campaign; and Survey Results of Workplace Peer Educators. End Summary.

SA Health Department Short of its Goals

¶2. More than 500,000 South Africans require antiretroviral (ARV) treatment, according to Fatima Hassan of the Aids Law Project at the University of the Witwatersrand. Less than half are receiving the medication, despite substantial increases in public funding for ARV treatment. A government fact sheet issued in November 2005 titled "Implementation of the Comprehensive Plan on Prevention, Treatment and Care of HIV and AIDS" noted that 85,000 people were receiving ARV treatment in the public health sector by September of 2005. Hassan estimated that an additional 70,000 to 80,000 persons were being treated privately by August 2005. In November 2003, the Operational Plan for Comprehensive HIV and Aids Care, Management and Treatment for South Africa, noted that 381,177 persons were supposed to be on government-funded ARV treatment in the 2005/2006 period. According to the Treasury Department, 112,000 were enrolled for ARV therapy by end December 2005. In addition, not many children are on treatment, according to Hassan. At least 50,000 children need ARV treatment now, but currently only about 10,000 are receiving ARV treatment. Shortages of doctors and nurses also pose a problem. According to Rotimi Sankore, from the Center for Research, Education and Development of Freedom of Expression and Associated Rights, about 100,000 health professionals, half of them doctors, had left Africa since the 1990s for global employment. Source: Sapa-IPS IOL, March 15.

Traditional Cure Advocated However Still in Research Stages

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¶3. Recent press reports have portrayed ubhejane as both a possible cure and unproved treatment in combating HIV/AIDS. Zeblon Gwala, who makes ubhejane from a mixture of 89 African herbs, has claimed that the pre-clinical assessment tests conducted by the University of KwaZulu-Natal, Dr. Nceba Gqaleni, have shown that ubhejane has potent activity against opportunistic infections associated with HIV/AIDS. KwaZulu-Natal (KZN) Health Minister Piggy Nkonyeni, eThekwini (Durban) mayor Obed Mlaba and Professor Herbert Vilakazi, special advisor to KZN's premier, have encouraged ubhejane's use, saying that it improved conditions of HIV/AIDS patients. Professor Salim Abdool Karim, UKZN Pro Vice-Chancellor for Research, said while the university supported research on traditional medicines, it would not allow its reputation to be abused through false claims. According to Karim, new procedures were being enforced at the university to prevent people making false claims from its research findings. Dr. Gqaleni asserted that claims of effective treatment of ubhejane for AIDS are unfounded and misrepresent findings of preliminary research. His research on the activity of ubhejane on cell-lines only used test tubes and could not conclude about the potential action of Ubhejane in humans.

¶4. Gwala, the manufacturer of ubhejane, claims that the recipe came from his traditional healer grandfather in dreams and that he personally mixes 89 African herbs manually. Initial treatments are 2 two-liter bottles costing R 342 ($60), which lasts four weeks. According to Gwala, he offers patients a choice between using his product and antiretroviral drugs. While Gwala keeps patient records, he could not supply details of those who had improved their CD4 counts and decreased their viral loads since taking ubhejane. Source: Sapa, Sunday Tribune, City Press, March 19; Mail & Guardian, March 17.

New Pharmaceutical Dispensing Fees Proposed

¶5. Health Minister Manto Tshabalala Msimang announced new draft regulations for pharmacies' dispensing fees. The dispensing fees will be on a sliding scale. Under the draft regulations, where the manufacturer's price (or single exit price of medicine) is less than R75 ($12), the maximum dispensing fee that may be charged is R7 plus 28% of the price. Where the single exit price is more than R75, the dispensing fee would be R23 plus 7% of the price. Where the exit price is between R150 and R250, the fee would be R26 plus 5% of the single exit price. Where the exit price is more than R250 the fee would be R31 plus 3%. These dispensing fees would serve as a ceiling on drug prices, where lower dispensing fees could be charged at the discretion of the pharmacist. In October 2005, the Constitutional Court upheld the government's medicine pricing regulation, but ordered a review of the previous proposed dispensing fee of a maximum of R26 for medicines priced over R100 and 26% for those under R100. A final dispensing fee would only be announced after the comments have been considered. Consumers would receive an invoice that gave the single exit price of a medicine and the dispensing fee. According to Anban Pillay of the Health Department, the department relied on information submitted by pharmacies to determine the dispensing fee ceilings. The department had sent questionnaires to all 2,532 pharmacies in South Africa, receiving only 162 analyzable questionnaires back. The questionnaires revealed that some pharmacies would close, no matter what the level of the price ceiling. Source: Sapa, March 9; Cape Times, March 10.

Heart Drug Introduced in South Africa

¶6. Astra-Zeneca, a global pharmaceutical manufacturer, plans to introduce Crestor, a drug that blocks the production of cholesterol and reduces the amount of plaque in blood vessels,

in South Africa by the end of 2006. Jasvanti Bhana, the medical adviser for Astra-Zeneca said Crestor also increased the level of good cholesterol in the blood, thus helping to reduce the risk of fatty deposits in the arteries, which can lead to heart attacks, stroke and vascular disease. Launched globally in 2003, Crestor is awaiting approval for registration by South Africa's Medicines Control Council. Prof Abdul Mitha, chairman of the Heart Association's KwaZulu-Natal branch, said it would be premature to call Crestor a wonder drug. It lowers cholesterol more than other drugs have done, however he sees no evidence of better results in terms of deaths and recoveries. Results of an international study released at the American College of Cardiology annual conference in Atlanta show that two years of treatment with Crestor, whose chemical name is rosuvastatin, cut cholesterol levels by more than half and reduced the thickness of the atheroma (or fat deposits in arteries) by 6.8%. The research also showed four out of five patients showed some form of reduction in atheroma. Crestor has been the focus of controversy after evidence emerged that it could cause a muscle-wasting disease.

¶7. Heart disease kills 200,000 people a year in South Africa and affects more than two million. South Africa's Indian, Jewish and Afrikaner communities are among the world's highest risk populations when it comes to cardiovascular diseases. Source: Sunday Tribune, March 19.

Rapid Increase of Youth in Drug Treatment Centers

¶8. In the past five years, there has been a rapid increase in the patterns of alcohol and other drug use in South Africa, and significantly more young patients are being admitted to treatment centers for drug-related problems. According to statistics released by the Hospital Association of South Africa (HASA) there was a growing number of patients younger than 20 being admitted to treatment centers, as well as an increase in the number of young people, some as young as 14, dying from substance-abuse-related causes. In Durban, East London and Gauteng the average age of Mandrax users was 21. Across the country, the mean age for dagga (marijuana) use ranged from 19 to 21. In the Western Cape Province, 42% of patients younger

than 20 used Tik (crystal meth) as their primary drug of abuse. In KwaZulu-Natal Province, 50% of admitted patients in treatment centers younger than 20 used dagga, while 25% used alcohol, 20% used Mandrax (20 percent). Treatment and demand for dagga and Mandrax-related problems across South Africa is generally higher for people younger than 20 than for older patients. Forty percent of children who are admitted for substance abuse have a dual diagnosis: addiction which is the primary illness and a secondary or underlying psychiatric condition such as clinical depression or bipolar mood disorder. In these cases, rehabilitation aimed at reducing the use of drugs is only one component of the treatment. Claire Savage, Senior Information Officer at the South African Council on Alcoholism and Drug Dependency Center, asserted that their center is admitting increasing numbers of younger patients for rehabilitation. Between 2004 and 2005, more than 30% percent of patients were under the age of 20. Source: The Mercury, March 16.

North West Province Begins TB Information Campaign

¶9. The North West Health Department is beginning a Tuberculosis (TB) information-sharing campaign aimed at the media to inform communities about the disease. There has been a significant increase in TB cases around the country since ¶1995. In 1995, just over 500 cases of TB were registered, while by 2000, over 25,000 cases were noted. In the North West province, 617 out of every 100,000 people had TB in 2005. The North West currently ranks 5th in the national caseload of the disease. Eighty percent of the TB case loads were reported in Kwa Zulu-Natal, Western Cape, Eastern Cape and Gauteng

provinces. People aged between 35 and 44 years suffered from TB the most. Health MEC Nomonde Rasmeni said organizing the Media Open Day/TB Awareness Campaign was important, as it equips journalists with information about the disease to help educate communities. The mycobacterium tuberculosis, a germ that causes the disease, is present in the sputum coughed up by those that have TB of the lungs. The germ destroys the soft tissue of the lungs, causing cavities and resulting breathing difficulty. Source: BuaNews, March 12.

Survey Results of Workplace Peer Educators

¶10. Wits University's Business School conducted a study of peer educators from five large companies involved in the mining, retail, finance and the auto manufacturing sectors. The companies have a workforce of over120,000. The number of peer educators surveyed totaled 1,780. Dr David Dickinson, a Senior Lecturer on HIV/AIDS in the workplace at University of Witwatersrand Business School and author of the report, stated that the study tried to establish who the peer educators are in the workplace. The study found that the peer educators were similar to the typical profile of the workforce with two differences. African women are over-represented as peer educators compared to their profile in the work-force and an almost total absence of top and senior management amongst the ranks of peer educators. Dr Dickinson gives two explanations of women's over-representation. More Africans have HIV/AIDS and there is a gendered concern about the disease's effects taken from the home into the workplace along with peer education. Dickinson gives supervisors' importance on maintaining production as reasons for low senior management participation in peer education programs. He asserts that peer education programs must be given official recognition, with formal opportunities provided by supervisors and materials, the information and the resources to run education and training programs. Researchers won't reveal the identities of the companies involved in the survey. Source: Health E-News, March 10.

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